GUIDELINES AND STANDARDS FOR TIMELY PROCESSING OF NEW BENEFIT ENROLLMENTS

AUGUST 2005

Table of Contents

Guidelines and Standards for Timely Processing of New Benefit Enrollments	3
Guidelines for Processing New Hires and Newly Eligible MegaFlex Employees	3
Guidelines for Processing New Hires and Newly Eligible Choices or Options Employees	4
Guidelines for Handling Undeliverable Enrollment Materials	4
Enrollment Process	6
MegaFlex Benefit Plan - Non represented Employees	6
Enrollment Packet	6
Enrollment & Effective Date of Coverage	6
What Happens When an Employee Fails to Enroll in MegaFlex	8
Choices & Options Benefit Plans – Represented Employees	9
Eligible Employees	9
Distributing Enrollment Information	9
Setting up an Enrollment Meeting1	0
Benefits Effective Dates1	2
What Happens When an Employee Fails to Enroll in Choices or Options 1	3
Choices & Options – Non represented Employees	3
Returned Mail during Annual Enrollments1	4
How to Determine Benefit Plan Eligibility Attachment	I
Instructions for Generating Choices and Options Pending Enrollments Reports	II

GUIDELINES AND STANDARDS FOR TIMELY PROCESSING OF NEW BENEFIT ENROLLMENTS

The County has four flexible benefit plans also known as "cafeteria" plans: *MegaFlex, Flex, Choices and Options*. These plans provide employees with a means to choose benefits that make sense for them and their families. The following guidelines apply to enrollments in *MegaFlex, Choices* and *Options*. Please note that *Flex* is not a benefit plan option offered to new hires or newly eligible employees.

The purpose of this document is to provide guidelines and uniform standards to assist in the efficient delivery of benefits for new hires or newly eligible permanent employees in the *MegaFlex*, *Choices and Options* flexible benefit plans.

I. Guidelines for Processing New Hires and Newly Eligible MegaFlex Employees

1. Enter new hire or newly eligible employee data, including address information, in CWTAPPS within the following guidelines:

New Hires: 80% should be entered within one working day of an

employee's hire date and 100% entered no later than

three days after the hire date.

Newly Eligibles: 90% should be entered before the employee's

appointment date and 100% by the appointment date.

- 2. Within two days of hire or appointment, inform the employee that they have 60 calendar days from their hire/appointment date to enroll in benefits. Special emphasis should be placed on the importance of enrolling before the end of the first month of hire to receive benefits and the County benefit allowance as soon as possible under the County Code.
- 3. Within one week of the employee's date of hire/appointment, schedule the employee for a MegaFlex orientation session conducted by the Department of Human Resources (DHR). The employee should have the opportunity to attend a session within one month of the date of appointment. If the employee cannot attend a DHR MegaFlex orientation session, then a MegaFlex orientation should be provided by the departmental personnel office as soon as possible but no later than one month after appointment.
- 4. Follow up with the employee before the end of the 60-day enrollment deadline to remind the employee to enroll, and if needed, explain the consequences of not enrolling by the deadline. Document communication with employee.

II. <u>Guidelines for Processing New Hires and Newly Eligible Choices or Options</u> Employees

1. Enter *new hire* or *newly eligible* employee data, including address information and telephone numbers, on CWTAPPS within the following guidelines:

New Hires:

80% should be entered within one working day of an

employee's hire date and 100% entered no later than

three days after the hire date.

Newly Eligibles:

90% should be entered *before* the employee's appointment date and 100% by the appointment date.

- 2. Mail or hand-deliver the appropriate *Choices* or *Options* Benefits Enrollment Guide to the employee, no later than three days after the employee's date of appointment.
- Download the report of Choices and Options eligible employees from the Benefits Enrollment System at least once a week, ideally on Monday. (See Enrollment Process, Section II.C.1, and, Attachment II for instructions).
 - Review the employee addresses. If an address is missing on the report, immediately contact the appropriate unit within your department to update the address. A missing address will not permit an enrollment in an HMO medical plan, such as Kaiser.
 - Check for correct telephone numbers particularly for employees with a job change. Write in any missing telephone numbers, including cell phone numbers if available, and cross out any incorrect number and write in the correct number.
 - Write in the employee's work address.
 - Fax the weekly report to BenefitVision, the *Choices* and *Options* enrollment company, immediately. (See ENROLLMENT PROCESS, Section II.C.1).

IMPORTANT NOTE: There must be an employee address on CWTAPPS and the employee telephone numbers and work address **must** be accurate on the report to avoid unnecessary delays in the enrollment process.

- 4. Provide a benefits overview, as part of the departmental new employee orientation session, within five days of the employee's date of appointment. This is in addition to participation in the County wide new employee orientation.
- 5. Contact the employee within three days, if BenefitVision notifies your office that they have been unable to set up a meeting date and time with the employee.
 - Remind the employee of the 60-day deadline date.

- Remind the employee of the "waiver" benefit if already covered by other insurance.
- Remind the employee of the consequences of not enrolling in benefits within the enrollment period.
- Document communication with employee.

III. Guidelines for Handling Undeliverable Enrollment Materials

- Within two days of receipt, distribute undeliverable enrollment materials received from DHR (such as newsletters, enrollment packets, confirmation letters, etc.). Distribution can be made via U.S. mail or by County mail to the employee's work location.
- 2. Contact the employee and obtain a current mailing address.
- 3. Update the address in CWTAPPS.
- 4. Document the date the enrollment materials were distributed to the employee.

ENROLLMENT PROCESS

Refer to Attachment I for instructions on How to Determine Benefit Plan Eligibility.

I. MEGAFLEX - NONREPRESENTED EMPLOYEES

Full-time permanent employees (item subs "A", "L", "M" or "N") in an eligible classification approved by the Board of Supervisors, are eligible to participate in *MegaFlex*.

A. Enrollment Packet

Employee information entered into CWTAPPS is transmitted electronically to the County's Benefits Administrator the next business day. <u>Exception</u>: Any future dated appointments that fall into the next month are not transmitted to the benefits administrator, until the first of the next month.)

The Benefits Administrator generates a personalized enrollment worksheet capturing employee information, including the mailing address, from CWTAPPS. An enrollment packet consisting of a personalized enrollment worksheet and a *MegaFlex* Benefits Enrollment Guide is mailed to the employee the next business day following successful input into CWTAPPS.

Important: Delays in CWTAPPS entries will delay the mailing of enrollment packets, which could ultimately affect the effective date for benefits. (See Section I.B.4. Example 2.)

B. Enrollment & Effective Date of Coverage

1. Enrollment Period

An employee has 60 days from date of hire or appointment to enroll in *MegaFlex*. During the new hire orientation, departmental personnel should explain that coverage could be delayed if enrollment is not timely. (See Section I.B.4.)

2. Follow-up with Employee

When an employee has not enrolled and is close to the deadline for enrolling, DHR will telephone or e-mail the departmental personnel office.

Upon notification from DHR, the personnel office should contact the employee directly to remind the employee of the enrollment deadline and consequences of not enrolling. (See Section I.C.) Document communication with employee.

Web and Telephone Enrollment

There are two methods to enroll in benefits. The first method is the automated telephone enrollment system. The second method is the online Web enrollment system. Both enrollment systems may be accessed 24 hours a day, any day of the week during the employee's 60-day enrollment period.

Employees may access the enrollment systems by entering their user ID and their personal identification number (PIN).

Benefits Effective Date

An employee is considered a *MegaFlex participant* on the first of the month following the date of enrollment. The following benefits are in effect on the day the employee is a *MegaFlex* participant:

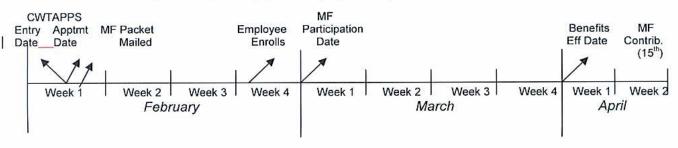
- Health Care Spending Account
- Dependent Care Spending Account
- Elective Annual Leave
- Short Term Disability (STD)
- Long Term Disability (LTD)

The following benefits are in effect the first day of the month *following* the *MegaFlex* participation date, i.e., two months after enrollment:

- Medical Insurance
- Dental Insurance
- Optional Group Term Life Insurance
- Survivor Income Benefit (SIB)
- Accidental Death and Dismemberment (AD&D) Insurance
- Medical Coverage Protection (LTD Health Insurance)

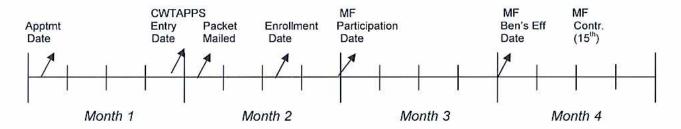
Example 1: Timely Processing and Enrollment in Benefits

If an employee is promoted to a MegaFlex item on Wednesday, February 6, and you entered his promotion on the previous day, Tuesday, February 5, the information in CWTAPPS will be forwarded to the County's Benefits Administrator on Wednesday, February 6. The Administrator will mail a MegaFlex packet to the employee on Thursday, February 7. If the employee enrolls on Saturday, February 23, MegaFlex benefits and contribution will begin on April 1 (April 15 paycheck). See chart below.



Example 2: Delay in Processing Results in a Delay in Benefits

In this example, the appointment is made at the beginning of the month, but it is entered in CWTAPPS at the end of month. The benefits effective dates and County Benefit allowance are delayed because the CWTAPPS entry is not entered in a timely fashion. See chart below:



C. What Happens When an Employee Fails to Enroll in MegaFlex

When an employee **fails** to enroll in *MegaFlex* within the 60-day enrollment period, the County's benefits administrator <u>automatically enrolls</u> the employee into *MegaFlex* as follows:

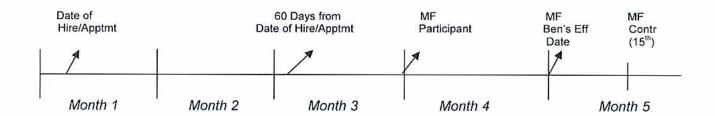
Participation Date

The *MegaFlex* participation date is the first of the month following the 60th day from the date of hire or appointment.

Benefits

Benefits and contribution begin in the month following the employee's *MegaFlex* participation date.

For example: If the employee is appointed to a MegaFlex eligible item in Month 1, the enrollment deadline is in Month 3. If the employee fails to enroll, the employee is deemed into MegaFlex with a participation date on the first of Month 4. Benefits and contribution begin in Month 5. See chart below.



The employee is automatically enrolled in the following benefits:

New Hire

- Blue Cross Catastrophic medical with "employee only" coverage
- Tobacco user premium (\$10)
- Administrative fee (\$5)

Newly Eligible - Employees leaving Choices or Options

- Comparable MegaFlex medical and dental plans
- Same Optional Group Term Life, AD&D coverage, & LTD Health Insurance, if any
- Tobacco user premium (\$10)
- Administrative fee (\$5)
- If employed with County prior to 01/01/96, pensionable *MegaFlex* (\$244 taxable cash limit).

Note: Benefit changes cannot be made after benefits begin. However, employees may: cancel the tobacco user premium on a prospective basis by certifying in writing that they have not used tobacco products in the last 12 months; and, submit a Waiver of Pensionability form to remove any \$244 taxable cash limit in pensionable *MegaFlex*, on a prospective basis.

II. CHOICES & OPTIONS - Represented Employees

A. Eligible Employees

Choices

Full-time permanent employees (item subs "A", "M" or "N") in an eligible classification approved by the Board of Supervisors and represented by the Coalition of County Unions are eligible to participate in *Choices*.

Options

Full-time permanent employees (item subs "A", "M" or "N") in an eligible classification approved by the Board of Supervisors and represented by SEIU Local 660 are eligible to participate in *Options*.

For instructions on how to determine whether a represented employee is eligible for *Choices* or *Options*, refer to the inside of the front cover of the *Choices or Options* Benefits Enrollment Guides.

B. Distributing Enrollment Information

 The Personnel Office should provide employees with the appropriate Choices or Options Benefits Enrollment Guide on the first day of employment. Newly eligible employees should be provided with a Benefits Enrollment Guide on or before their appointment date.

- 2. To ensure a smooth and accurate enrollment, employees should be instructed to:
 - a) write down ahead of time, any pertinent information needed for their benefit enrollment meeting. This information should include:
 - names and birth dates for family members
 - medical and/or dental provider information
 - name of other medical or dental insurance plan, if waiving medical and/or dental insurance; and, spouse's social security number, if covered under spouse's insurance
 - b) read the instructions in the Benefits Enrollment Guide for providing copies of birth and/or marriage certificates to enroll family members. The employee will be required to mail or fax the certificates to the County's Benefits Administrator no later than the 25th of the month before his/her benefits begin.
 - obtain copies of birth and/or marriage certificates required to enroll family members.

Please Note: The *Choices* and *Options* benefits enroller will **not** accept the required certificates from the employee. The employee must mail or fax them directly to the County's Benefits Administrator. The fax number is: 310-788-8775.

C. Setting Up an Enrollment Meeting with Enrollment Company

Department Reports to Enrollment Company

Employee new hire or status change data that is entered into CWTAPPS is transmitted electronically to the County's Benefits Administrator the next business day, and an enrollment record is set up for BenefitVision enrollment. <u>Exception</u>: Any future dated appointments that fall into the next month, are not transmitted to the benefits administrator until the first of the next month.)

Reports of *Choices* and *Options* eligible employees that were uploaded onto to the benefits enrollment system can be downloaded and printed by departments at any time, from the benefits enrollment system. Departments enter the date for the period in which they want a report. (See Attachment II for instructions.)

For example:

If you run the report on Monday August 8, 2005, and you want a report of employees that were uploaded onto the benefits system since last Monday, August 1, you would enter 08/01/05. This will give you a report of employees uploaded onto the system from August 1 thru August 8.

On the following Monday, August 15, enter 08/09/05, and this will give you a report of employees uploaded onto the system from August 9 thru August 15.

Departments should at minimum, download the report once a week to capture those eligible for enrollment, and:

- Review the employee addresses. Update CWTAPPS immediately for any missing addresses. Employees will not be able to enroll in an HMO medical plan such as Kaiser of the address is missing on CWTAPPS. When CWTAPPS is updated, the enrollment system will be updated the next day.
- Review the telephone numbers. Write in any missing telephone numbers on the report, or cross off any incorrect numbers and write in the new numbers.
- Write in the employee's work address.
- Fax the report to BenefitVision.

Important Note: BenefitVision will schedule enrollments for employees only upon receiving the reports from Departments. Any delays in updating CWTAPPS or with sending the reports to BenefitVision, can cause the employee benefits to be delayed by 1-2 months. (See Section II.D. Example 2.)

Following is the contact information for Benefit Vision:

BenefitVision - Choices and Options Enrollment Company:

Contact names:

Terry Fuzee and Christine Visser

Telephone No.:

800-499-9190

Fax No.:

818-382-6741

Enrollment Meeting

Within ten working days of the date the departmental personnel office faxes the *Choices* or *Options* report to BenefitVision, a BenefitVision representative will contact the employee directly to schedule an enrollment meeting with a benefit enroller.

The enrollment meeting should be scheduled within two weeks or by the end of the same month that the FAX was received. If information is sent to BenefitVision during the last week of the month, the benefit enroller may **not** be able to meet with the employee until the following month.

Follow-up with Employees

BenefitVision will contact the departmental personnel office if they are unable to schedule an appointment with the employee or the employee misses the meeting. Such notice of non-enrollment should occur no later than 30 days of BenefitVision's receipt of the *Choices* or *Options* Report from the departmental personnel office.

Once notified by BenefitVision, the departmental personnel office must contact the employee within three days and remind the employee:

- o If there is no enrollment because the employee has benefits through another source (e.g., a spouse or other employer) the employee can "waive" insurance through the enrollment process and thereby receive cash in lieu of benefits.
- If there is no enrollment made within the 60-day enrollment deadline, the employee cannot enroll until the next annual enrollment.

Document communication with employee.

D. Benefits Effective Dates

The employee's date of enrollment will determine when benefits begin. An employee is considered a *participant* in *Choices or Options*, the first of the month following the enrollment date.

The following benefits are in effect the same day an employee becomes a participant:

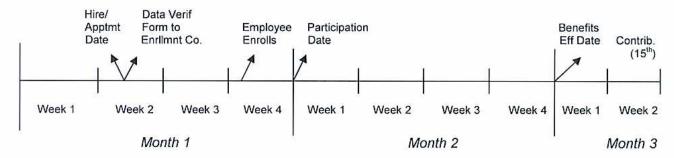
- Health Care Spending Account
- Dependent Care Spending Account

The following benefits are in effect the first day of the month *following* the month an employee becomes a participant, i.e., two months after enrollment:

- Medical Insurance
- Dental Insurance
- Optional Group Term Life Insurance
- Accidental Death and Dismemberment (AD&D) Insurance
- Medical Coverage Protection (LTD Health Insurance)

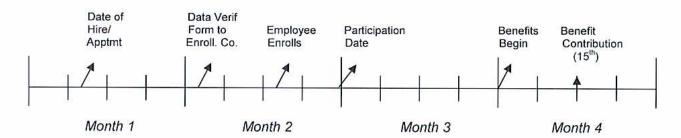
Example 1: Timely Processing and Enrollment in Benefits

If in Month 1, the employee is hired, the Choices/Options report is faxed to BenefitVision and the employee meets with the benefits enroller, the employee's participation date will be the 1st day of Month 2, and benefits will begin in Month 3. See chart below.



Example 2: Delay in Processing Causes a Delay in Benefits

If the employee is hired in Month 1 but the Choices/Options report is not faxed to BenefitVision or if the employee's information is not entered into CWTAPPS until Month 2, and the employee meets with the benefits enroller in Month 2, the employee's participation date will be the 1st day of Month 3 and benefits will not begin until Month 4. See chart below.



If the employee does not meet with the benefits enroller until month 3, the employee's participation date will be in Month 4 and benefits won't begin until month 5.

E. What Happens When an Employee Fails to Enroll in Choices or Options

If an employee **fails** to enroll in *Choices* or *Option*s within the 60-day enrollment period, the employee cannot enroll until the next annual enrollment.

III. CHOICES & OPTIONS - Nonrepresented Employees

Nonrepresented employees in an eligible classification approved by the County's Board of Supervisors specifically for participation in *Choices or Options*, will be mailed an enrollment packet by the County's Benefits Administrator, to enroll by telephone or Web. The process for enrolling *nonrepresented* employees eligible for *Choices or Options* is identical to that for *MegaFlex* with the following exception:

If an employee **fails** to enroll in *Choices* or *Options* within the 60-day enrollment period, the employee cannot enroll until the next annual enrollment.

IV. RETURNED MAIL DURING ANNUAL ENROLLMENTS

A few days before the start of annual enrollment for *Flex, MegaFlex, Choices and Options*, the County's Benefits Administrator mails enrollment packets to the home address of all eligible County employees.

Enrollment packets without complete mailing addresses and those returned by the U.S. Postal Service as "undeliverable," will be sent to the appropriate department personnel offices for distribution to the employee.

In addition, any other annual enrollment correspondence, such as newsletters, supplemental forms, and confirmation letters, that are undeliverable, will be sent via County mail to the department personnel office for distribution.

Within five days of receipt of all returned correspondence, the personnel office:

- Contacts the employee and obtains a current mailing address;
- 2) Updates the mailing address on CWTAPPS.
- 3) Forwards the enrollment materials to the employee's home address by U.S. mail, or sends it by County mail to the employee's work location.

The departmental personnel office should keep a log of employee names and distribution dates for all forwarded mail.

h:Guidelines for Personnel Offices August 2005

HOW TO DETERMINE BENEFIT PLAN ELIGIBILITY

Use the following steps to determine which benefit plan an employee is eligible for:

- In CWTAPPS, look up the employee's item number under the Item Number Table (TITM).
- 2. Find the bargaining unit (BU) number associated with the item number.
- 3. Bargaining unit numbers for items:
 - a. represented by the Coalition of County Unions are listed on the inside of the front cover of the Choices New Hire enrollment guide. Employees with items in the bargaining units listed must meet with the Choices benefits enroller, Colonial.
 - b. represented by Union SEIU Local 660 are listed on the inside of the front cover of the Options New Hire enrollment guide. Employees with items in the bargaining units listed must meet with an Options benefits enroller, BenefitVision.
 - c. that are nonrepresented (NR) are assigned mock bargaining unit numbers for administrative purposes only. Items with nonrepresented BU numbers are shown below. <u>All nonrepresented</u> employees must enroll in their benefits through the telephone or Web enrollment systems.

MegaFlex/Flexible Eligible

- 903 Judges/Commissioners Sup. Ct.
- 904 MAPP/NR Employees Sup. Ct.
- 905 NR Employees Sup. Ct.
- 990 LACERA NR
- 991 LACERA NR-MAPP
- 996 NR MAPP County
- 997 Department Heads "L" Subs
- 998 NR Management Physicians (Phys. Pay Plan)
- 999 NR Employees County

Choices Eligible - Items not yet represented or accreted to an actual BU

- 022 County
- 907 Superior Court

Options Eligible - Items not yet represented or accreted to an actual BU

- 002 County
- 003 LACERA
- 906 Superior Court
- 331 Health Investigative and Support Services



Instructions for Generating Choices and Options Pending Enrollments Reports

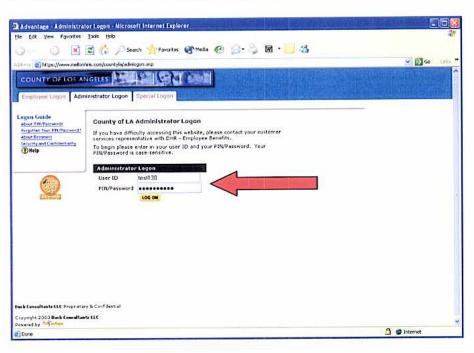




To generate reports of *Choices* and *Options* pending enrollments, you must first login to Advantage (the benefits enrollment system) with your Advantage User ID and PIN/Password.

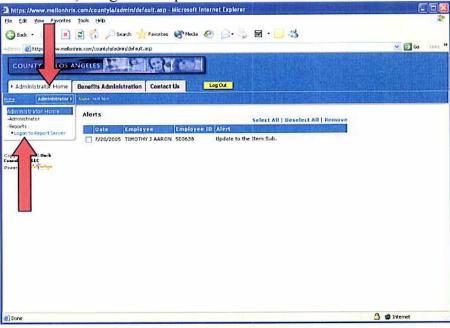
https://www.mellonhris.com/countyla/admlogon.asp

Please remember all user ids and passwords are case sensitive.



Once you login to Advantage you should click on the Administrator Home Tab.
Under the tab you will see a link to **Reports**. Click on the Reports link. Then you will see the link, "Logon to Report Server". Click on this link.

https://www.mellonbris.com/countyle/admin/defoult.asp. Microsoft Internet Explorer





You will be taken to the Actuate program. You should receive an Actuate User name and Password from DHR. Login to the Actuate report server using this User name and Password. These are different from your Advantage user id and password.

Please remember all user ids and passwords are case sensitive.

2 Active Partal: [Lepin screen]: Microsoft Internet Explorer

Ele Est Yew Favortes Tools thep

Active Partal: [Lepin screen]: Microsoft Internet Explorer

Ele Est Yew Favortes Tools thep

Active Partal: [Lepin screen]: Microsoft Internet Explorer

Ele Est Yew Favortes Tools thep

Active Partal: [Lepin screen]: Microsoft Internet Explorer

Ele Est Yew Favortes Tools thep

Active Partal: [Lepin screen]: Microsoft Internet Explorer

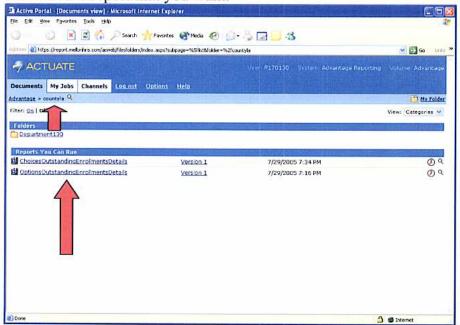
Ele Est Yew Favortes Tools the Partal Screen Tools Too

Make sure you are in the countyla folder.

You will then see the two "reports you can run": ChoicesOutstandingEnrollmentsDetails" and "OptionsOutstandingEnrollmentsDetails".

🐧 🐲 Internet

Click on the report that you want.





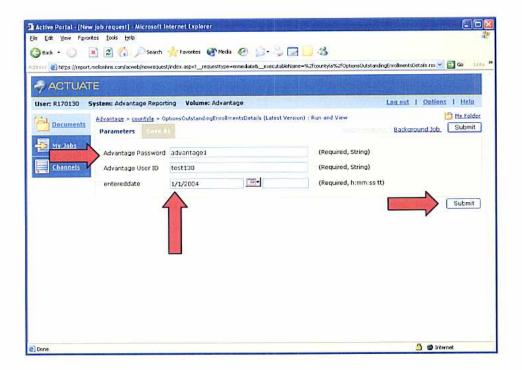
Page 3 of 8



You now need to re-enter your **Advantage** Password and Advantage User id. This is the password and user id you used to logon to the benefits enrollment system.

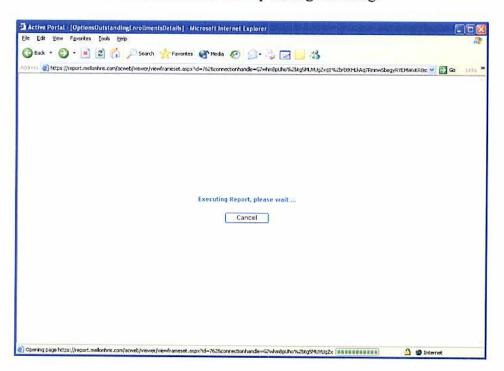
You then need to enter a date to generate a report as follows:

If you want to see the employees that were added to the benefits enrollment system as of a certain date, then enter that date. The report will list employees in your department that were added to the benefits enrollment system from CWTAPPS, as of that date. (See the County of Los Angeles Guidelines for Personnel Offices, ENROLLMENT PROCESS, Section II.C.1.)

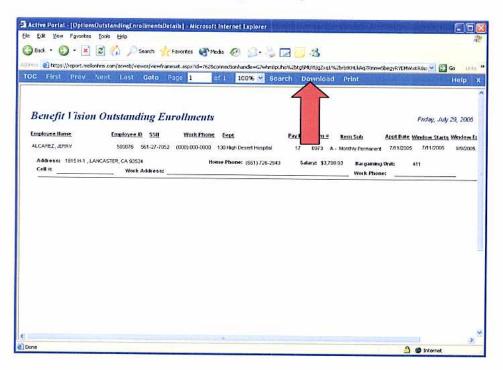




You will see this screen while the report is generating.

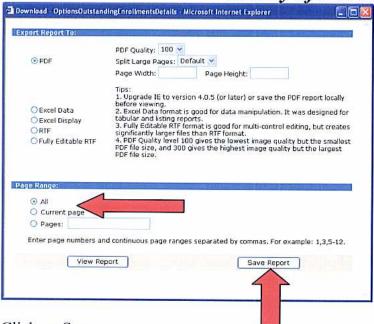


Once the report has generated you can save or print the report. Click on Download to save the report and print.

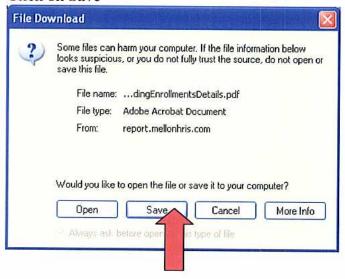


Select All pages and click on Save Report.

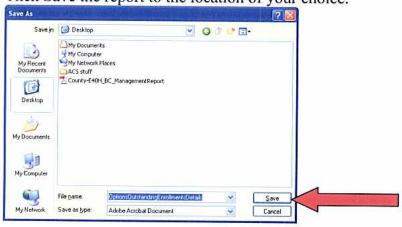




Click on Save

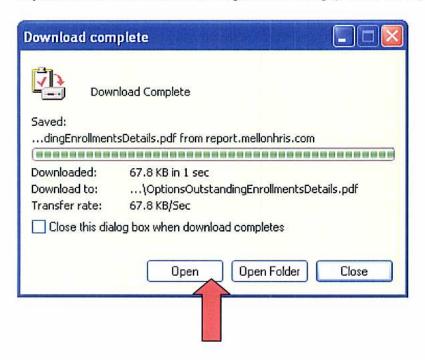


Then Save the report to the location of your choice.

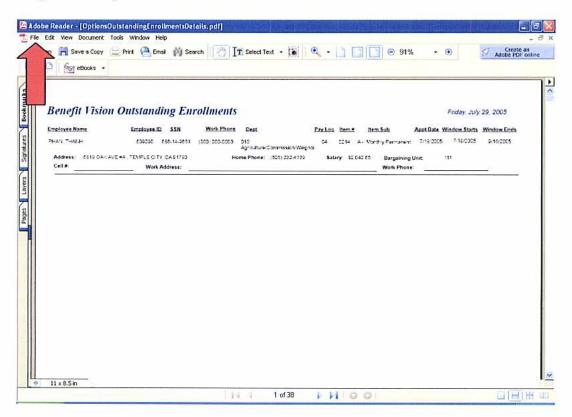




If you do not want to save the report then simply click on Open.

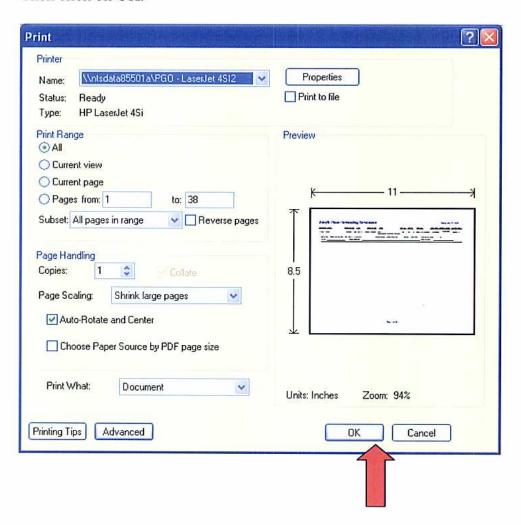


To print the report click on File and click on Print.





Then click on OK.



h: Choices and Options Instructions for Generating Reports

